

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below-named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

- ☒ original
- ☐ design
- ☐ supplemental
- ☐ national stage of PCT
- ☐ divisional
- ☐ continuation
- ☐ continuation-in-part (C-I-P).

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: PEST CONTROL SYSTEM INCLUDING COMPARTMENTS HAVING AREAS FOR RECEIVING PEST CONTROL MATERIALS OF DIFFERING PHYSICAL CONSISTENCIES the specification of which:

- (a) ☒ is attached hereto OR
- (b) ☐ was filed on _____ as United States Application Serial Number / ____ and was amended on _____ (if applicable)
- (c) ☐ was described and claimed in PCT International Application Number _____, filed on _____ and as amended under PCT Article 19 on _____ (if any).

SUPPLEMENTAL DECLARATION (37 C.F.R. § 1.67(b))

☐ I hereby declare that the subject matter of the

☐ attached amendment

☐ amendment filed on _____

was part of my/our invention and was invented before the filing date of the original application, above-identified, for such invention.

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with 37 CFR § 1.56,

☒ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

☐ in compliance with this duty, there is attached an Information Disclosure Statement, in accordance with 37 C.F.R. § 1.98.

PRIORITY CLAIM (35 U.S.C. §§ 119(a)-(d))

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a-d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) on which priority is claimed.

(complete (d) or (e))

☒ no such application have been filed.

☐ such applications have been filed as follows:

**PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)**

COUNTRY (or indicate if PCT)	APPLICATION NUMBER	DATE OF FILING (day/month/year)	PRIORITY CLAIMED UNDER 37 USC 119	CERTIFIED COPY ATTACHED?
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States *provisional* application(s) listed below.

Application Numbers	Filing Date (month/day/year)

**CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S)
UNDER 35 U.S.C. § 120**

- ☐ The claim for the benefit of any such applications are set forth in the attached ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN-PART (C-I-P) APPLICATION.

**ALL FOREIGN APPLICATION(S), *IF ANY*, FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

COUNTRY (or indicate if PCT)	APPLICATION NUMBER	DATE OF FILING (day/MONTH/year)	PRIORITY CLAIMED?

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

William H. Murray	Reg. No. 27,218
Peter J. Cronk	Reg. No. 32,021
John P. Luther	Reg. No. 32,261
John F. Letchford	Reg. No. 33,328
Robert E. Rosenthal	Reg. No. 33,450
Steven E. Koffs	Reg. No. 37,163
N. Stephan Kinsella	Reg. No. 37,657.

- [] I hereby appoint the practitioner(s) associated with Customer Number _____ to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.
- [] Attached, as part of this Declaration and Power of Attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

Direct all telephone calls and correspondence to:

John F. Letchford, Esquire
DUANE, MORRIS & HECKSCHER LLP
One Liberty Place
Philadelphia, PA 19103-7396
Telephone: (215) 979-1000
Facsimile: (215) 979-1020

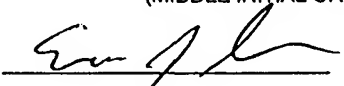
DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

1. FULL NAME OF SOLE OR FIRST INVENTOR

Eric J. SNELL
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

INVENTOR'S SIGNATURE 

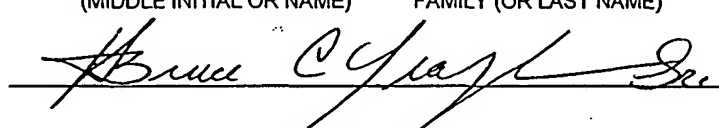
DATE 8/24/98 COUNTRY OF CITIZENSHIP U.S.

RESIDENCE 1500 Keystone Dr Hatfield, PA 19440

POST OFFICE ADDRESS SAME

2. FULL NAME OF SECOND JOINT INVENTOR (IF ANY)

Bruce C. YEAGLE, Sr.
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

INVENTOR'S SIGNATURE 

DATE 8-25-98 COUNTRY OF CITIZENSHIP U.S.

RESIDENCE 1519 Hollywood Ave. Langhorne, PA 19047

POST OFFICE ADDRESS SAME

**ADDED PAGES TO COMBINED DECLARATION
AND POWER OF ATTORNEY**

- ☐ Signature for subsequent joint inventors. Number of pages added: __
 - ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added: __
 - ☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of pages added: __
 - ☐ Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR § 1.47)
 - ☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.
Number of pages added: __
 - ☐ Authorization of practitioner(s) to accept and follow instructions from representative.
- ☒ This Declaration ends with this page.